

**RI Governor's Commission on Disabilities**

**RI GCD Form I-2. REJECTION OF  
REASONABLE ACCOMMODATIONS / MODIFICATIONS REQUEST**

<b>Name of the Requesting Party</b>			
<input checked="checked" type="checkbox"/> <b>Reasons for Rejecting the Accommodation / Modification Request:</b>  <b>Provide detailed description of the grounds for rejection below:</b>	<input type="checkbox"/> the individual did not provide documentation of a disability that substantially limits a major life activity <input type="checkbox"/> the individual is not a “qualified individual with a disability” with regards to the position/service the individual’s disability/limitations does not prevent: <input type="checkbox"/> performing the essential functions of the job OR <input type="checkbox"/> participating in or enjoying the benefits of state services the accommodation/modification requested will: <input type="checkbox"/> create an undue administrative burden <input type="checkbox"/> create an undue impact on the operation of the facility/services <input type="checkbox"/> fundamentally alter the nature or operation of the facility/service <input type="checkbox"/> an accommodation/modification was offered to the individual (that would provide equal employment/service opportunities) but rejected by the individual.		
(attach additional sheets if necessary)			
<b>Attached a Copy of the Request for Reasonable Accommodation/Modification GCD Form I-1</b>			
<b>Agency ADA Coordinator’s Signature:</b>		<b>Date:</b>	
<b>Type the ADA Coordinator’s Name</b>			
<b>Agency Rejecting the Request</b>			
<b>Telephone and e-mail</b>			
<b>Provide a copy to the person requesting the accommodation/modification and send a copy to the Governors Commission on Disabilities</b>			